

# **Memorandum of Understanding**

Between

**Montana Department of Public Health and Human Services, WIC Program**

And

**Montana Department of Public Health and Human Services, Immunization Program**

## **Identity of Parties and Purpose Statement**

This Memorandum of Understanding (MOU) is between the **Montana Department of Public Health and Human Services, WIC Program (WIC)** and the **Montana Department of Public Health and Human Services, Immunization Program (Immunization)**.

The purpose of the MOU is to allow for data sharing between the programs for the purpose of maximizing childhood immunization among WIC participants.

## **Period of Performance and Termination of this MOU**

This MOU is effective from the date of signature for five years. Extension of this agreement may be made by mutual agreement of the parties. Either party may terminate this agreement by giving written notice to the other party 30 days prior to the intended withdrawal.

## **Alterations or Amendments**

The parties may amend this MOU by mutual agreement. Any amendment is effective only when it is writing and mutually agreed to.

## **Responsibilities of the parties:**

### **The Immunization Program agrees:**

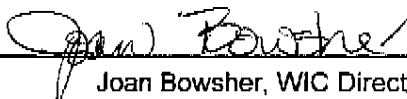
1. to employ WIC Program information only for the purpose of establishing the eligibility of WIC participants for the immunization program and conducting outreach to WIC applicants and participants for that program;
2. to assess WIC participants' immunization status referred from the WIC program;
3. that no information obtained from the WIC program under this MOU will be disclosed to a third party, including to a state immunization registry, without written authorization from the individual WIC participant, or his/her parent or guardian, or unless otherwise required by law;
4. to share aggregate and individual immunization data with the WIC program as requested by state and/or local WIC programs;

**The WIC Program agrees:**

1. to include a statement to be added to the rights and responsibilities statement on the certification form. This notice will indicate that information provided by applicants and participants in connection with application for WIC program benefits may be provided to the representatives of the Immunization Program for the purposes of determining eligibility for the Immunization program and conducting outreach for the Immunization program;
2. prior to scheduled appointments, WIC personnel will provide the local Immunization program with a listing of age appropriate WIC participants who have received the notice in (1) of the disclosure;
3. to refer to the Immunization Program WIC participants who are unsure of their immunization status or state that they are not current with immunizations;
4. participants who did not receive notice of the data sharing program at their initial certification visit will receive the notice at their next certification visit.

**For: Montana Department of Public Health and Human Services, WIC Program**

Signature

  
Joan Bowshe, WIC Director

Printed name and title

Date

7-8-2008

**For: Montana Department of Public Health and Human Services, Immunization Program**

Signature

  
Joyce Burgett, Immunization Program Director

Printed name and title

Date

7-8-2008